



RESOURCE AND PATIENT MANAGEMENT SYSTEM

EHR Laboratory Package for Small Sites without a Laboratory Professional (WebEx)

**Seven Week WebEx Course
06/19/12 – 08/09/12**

IHS Office of Information Technology (OIT)
Albuquerque, New Mexico & IHS Clinical Support Center (Accredited
Sponsor)

Resource Patient Management System Electronic Health Record (RPMS-EHR)
“EHR Laboratory Package for Small Sites without a Laboratory Professional
7 Week – Live WebEx Course” Training Announcement & Agenda

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Introduction

Purpose of “LIS for Non-Laboratorians” Training

The Resource Patient Management System Electronic Health Record (RPMS EHR) is a suite of software applications designed to move most clinical transactions from paper-based to an electronic environment. The EHR uses upgrades of existing RPMS applications and clinical data, but provides a graphical user interface (GUI) that facilitates access to, and direct entry of this data by clinical users. The two most significant clinical enhancements provided by the EHR are the direct entry of orders (pharmacy, laboratory, radiology, nursing, etc.) by providers, and the on-line documentation of clinical encounter notes. In addition, the EHR will make clinical decision support tools available to providers at the point of care, and will make the medical record immediately accessible to all authorized users.

Implementation of an electronic medical record (EMR) at any health care organization is a complex and lengthy process, requiring preparation and changes in essentially all areas of a medical facility. Rolling out an electronic record system at any facility will require a considerable training effort at the time of implementation, as well as an ongoing program of training and support.

This course focuses on the use of the Laboratory module for non-Laboratorians, particularly at facilities without Laboratory professionals.

Prerequisites

This class will be oriented towards non-Laboratory professionals (i.e., other than Medical Laboratory Technicians [MLT] and Medical Laboratory Technologists [MT]) who are responsible for processing Laboratory Tests at their facilities. Facilities will be able to work on their own systems during the training. This course assumes that participants have limited knowledge of the RPMS Laboratory Suite (RPMS-LIS) and have experience with RPMS Packages to include: [a] Must have computer / phone with mute / EHR loaded / WebEx capabilities [c] Basic CAC menu / keys or IT on hand, Laboratory Package Keys, and Taxonomy Edit Keys [d] Approved by Area CACs / Local supervisor [e] Ensure middle aged female demo patient for consistency [f] Dedicated time for once a week session for 7 week training [g] Must make commitment to attend all 7 weeks to receive credit [h] This will be a HIGH DEMAND WebEx training! If you cannot make all of the sessions, you will be removed from the class to allow other waiting list students the opportunity to attend.

Accreditation

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

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The IHS Clinical Support Center designates this educational activity for a maximum of ____ *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. This activity is designated ____ contact hours for nurses.

Guidelines for Receiving Continuing Education Credit

To receive a certificate of continuing education, you must attend the educational event in its entirety and successfully complete an on-line evaluation of the seminar within 15 days of the activity.

The Survey Monkey link will be e-mailed to students at the conclusion of the training session and will be open for completion for a period of 15 days. Students are encouraged to complete the survey on the day of the last training session. Students will be able to print a “Certificate of Continuing Education Credits” online following the training.

Background

On February 17, 2009, President Barack H. Obama signed the ARRA into law. ARRA provides incentives to encourage hospitals and office-based physicians to adopt EHRs and other health information technology (HIT) solutions that reduce costs by improving quality, safety, and efficiency. ARRA contains numerous technology and privacy provisions with aggressive timelines for completion. Many of these ARRA milestones relate to the standards and work of the Healthcare Information Technology Standards Panel.

Health Information Technology for Economic and Clinical Health Act

The Health Information Technology for Economic and Clinical Health Act (HITECH) is a focal point of ARRA and represents an investment of more than \$19 billion towards healthcare information technology (IT)-related initiatives. The \$19 billion dedicated to HITECH is divided into two portions: (a) \$17 billion toward a Medicare/Medicaid incentive reimbursement program for both healthcare organizations and providers who can demonstrate “meaningful use” of an approved EHR; and (b) \$2 billion available to providers located in qualifying rural areas, providers serving underserved urban communities, and providers serving underserved Indian tribes. Meaningful use of an approved EHR is required in order for providers to qualify for, and continue to receive, incentives.

Incentive Payments

ARRA will provide incentive payments through Medicare and Medicaid reimbursement systems to encourage providers and hospitals to adopt EHRs and HIT. Incentive payments are triggered when a provider or hospital demonstrates that it has become a “meaningful EHR user.” The highest incentive payments will be granted to hospitals that adopt EHR technology in the years 2011, 2012, or 2013. Reduced incentive payments are granted to hospitals that adopt EHR technology in the years 2014 or 2015, while no incentive payments are granted to hospitals that adopt EHR technology after 2015. Providers and hospitals that fail to meet this time limit will be subject to penalties in the form of reduced Medicare reimbursement payments beginning in 2017.

Meaningful Use

Meaningful use is a term used by the Centers for Medicare and Medicaid Services (CMS) to ensure that providers and hospitals that have adopted certified EHR are using the technology to further the goals of information exchange among health care professionals. EPs (eligible providers) and EHs (eligible hospitals) will achieve meaningful use if they: (a) demonstrate use of certified EHR technology in a meaningful manner, (b) demonstrate the certified EHR technology provides for electronic exchange of health information to improve quality of care, and (c) use certified EHR technology to submit information on clinical quality and other measures.

Achieving meaningful use will be accomplished in three stages. Stage 1 will begin in 2011, Stage 2 will begin in 2013, and Stage 3 will begin in 2015. The criteria for achieving meaningful use will increase with each stage and will build upon the prior stage. Medicare and/or Medicaid incentives are available to providers and hospitals who become meaningful users of certified

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EHR technology, with the maximum incentives being given to EPs and hospitals that become meaningful users in Stage 1. Hospitals may be eligible for both Medicare and Medicaid incentives but EPs must choose between the two incentive programs.

In order to achieve Meaningful Use, an EP must report on 15 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the EP's chosen menu set measures must be a designated Public Health Objective. Eligible hospitals must report on 14 core performance measures and 5 out of 10 menu set performance measures simultaneously. One of the selected menu set performance measures must be a designated Public Health Objective.

For demonstrating Meaningful Use through the Medicare EHR Incentive Program, the reporting period for the first year is any continuous 90-day period. In subsequent years, the EHR reporting period is the entire year. Under the Medicaid program, performance measures and incentive payments may be awarded for merely adopting, implementing or upgrading certified EHR technology. Consequently, there is no Medicaid reporting period for year one – all subsequent reporting periods are a full year.

Meaningful Use Standards and Measures

As required to achieve MU, eligible hospitals and EPs must report their performance on two types of measures:

Performance Measures
Clinical Quality Measures

The performance measures aim to improve quality, safety, efficiency and reduce health disparities. There are two types of performance measures: 1) Rate measures are numerically calculated with numerator and denominator data, 2) Attestation measures must be answered with a yes or no question.

Table 1: Summary Overview of Meaningful Use Core Set Measures

| Short Name | Objective: | Measure: |
|--------------|--|--|
| Demographics | Record demographics: preferred language, gender, race and ethnicity, date of birth, and date of death and preliminary cause of death in the event of mortality in the eligible hospital or CAH. | More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have demographics recorded as structured data. (<i>EPs, EHs & CAHs</i>) |
| Vital signs | Record and chart changes in the following vital signs: Height, weight and blood pressure and calculate and display body mass index (BMI) for ages 2 and over, plot and display growth charts for children 2-20 years, including BMI. | For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23), height, weight, and blood pressure are recorded as structured data. (<i>EPs, EHs & CAHs</i>) |

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| Short Name | Objective: | Measure: |
|---------------------------------------|---|---|
| Problem List | Maintain up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. (<i>EPs, EHs & CAHs</i>) |
| Medication List | Maintain active medication list. | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. (<i>EPs, EHs & CAHs</i>) |
| Medication Allergy List | Maintain active medication allergy list. | More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. (<i>EPs, EHs & CAHs</i>) |
| Smoking Status | Record smoking status for patients age 13 or older. | More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) have smoking status recorded as structured data. (<i>EPs, EHs & CAHs</i>) |
| Clinical Summaries | Provide clinical summaries for patients for each office visit. | Clinical summaries provided to patients for more than 50% of all office visits within 3 business days. (<i>EPs Only</i>) |
| Electronic Copy of Health Information | Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures) upon request. | More than 50% of all patients seen by the EP or of the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days. (<i>EPs, EHs & CAHs</i>) |
| ePrescribing | Generate and transmit permissible prescriptions electronically. | More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. (<i>EPs Only</i>) |
| CPOE Medication | Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. | More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE. NOTE: In Stage 2, the measure target increases to 60%. (<i>EPs, EHs & CAHs</i>) |

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| Short Name | Objective: | Measure: |
|---|--|--|
| Drug-Drug & Drug-Allergy Checks | Implement drug-drug and drug-allergy interaction checks. | Functionality is enabled for these checks for the entire reporting period. (<i>EPs, EHs & CAHs</i>) |
| Clinical Decision Support | For EPs, implement one clinical decision support rule relevant to specialty or high clinical priority. For eligible hospital or CAH implement one related to a high priority hospital condition along with the ability to track compliance with that rule. | Implement one clinical decision support rule. (<i>EPs, EHs & CAHs</i>) |
| Privacy/Security | Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. | Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) of the certified EHR technology, and implement security updates and correct identified security deficiencies as part of its risk management process. (<i>EPs, EHs & CAHs</i>) |
| CQM | Report ambulatory and hospital clinical quality measures to CMS or, in the case of Medicaid, to the States. | Successfully report to CMS (or, in the case of Medicaid, to the States) ambulatory and hospital clinical quality measures selected by CMS in the manner specified by . (<i>EPs, EHs & CAHs</i>) |
| Exchange of Key Clinical Information | Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient's authorized entities electronically. | Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information. (<i>EPs, EHs & CAHs</i>) |
| Electronic Copy of Discharge Instructions | Provide patients with an electronic copy of their discharge instructions at the time of discharge, upon request. | More than 50% of all patients who are discharged from an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it. (<i>Hospitals Only</i>) |

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Table 2: Summary Overview of Menu Set Meaningful Use Measures

| Short Name | Objective: | Measure: |
|----------------------------|--|---|
| Drug-Formulary Checks | Implement drug formulary checks. | The EP, eligible hospital/CAH has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period. (<i>EPs, EHs & CAHs</i>) |
| Lab Results into EHR | Incorporate clinical laboratory test results in EHRs as structured data. | More than 40% of all clinical lab test results ordered by an EP or authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency departments (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data. (<i>EPs, EHs & CAHs</i>) |
| Patient List | Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach. | Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition. (<i>EPs, EHs & CAHs</i>) |
| Patient-Specific Education | Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate. | More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources. (<i>EPs, EHs & CAHs</i>) |
| Medication Reconciliation | The EP, EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation. | The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23). <i>EPs, EHs & CAHs</i>) |
| Summary of Care | The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral. | The EP, EH or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals. (<i>EPs, EHs & CAHs</i>) |
| Advance Directives | Record advance directives for patients 65 years old or older. | More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data. (<i>Hospitals Only</i>) |
| *Immunization Registries | Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice. | Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, EH or CAH submits such information have the capacity to receive the information electronically.) (<i>EPs, EHs & CAHs</i>) |

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| Short Name | Objective: | Measure: |
|---|--|--|
| Patient Reminders | Send reminders to patients per patient preference for preventive/follow-up care. | More than 20% of all unique patients 65 years old or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period. (<i>EPs Only</i>) |
| Timely Electronic Access to Health Information | Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four (4) business days of the information being available to the EP. | At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four (4) business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information. (<i>EPs Only</i>) |
| *Submit Lab Results to Public Health Agencies | Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice. | Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically.) (<i>Hospitals Only</i>) |
| *Syndromic Surveillance | Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice. | Perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which EP, EH or CAH submits such information have the capacity to receive the information electronically.). (<i>EPs, EHs & CAHs</i>) |
| * All EPs, EHs and CAHs must choose at least one of these populations and public health measures to demonstrate as part of the menu sets. | | |

Course Learning Objectives

This hands-on class provides a basic overview of the RPMS-LIS and preparation required for processing Laboratory Tests. Participants are provided with the knowledge, skills, and abilities to use the RPMS-LIS in its use and offer participants the tools necessary for processing and reporting Laboratory Tests. At the end of this session participants will be able to:

- Identify the role of the Laboratory Information System (LIS) Suite in the big picture of Electronic Health Management.
- Delineate the role and responsibilities of the LIS Manager in a small Laboratory without an MT or MLT.
- Define the LIS workflow and its interactions with other RPMS modules.
- Summarize basic Laboratory terminology.
- Recognize the importance of CLIA, Joint Commission, and other regulations as they relate to Laboratory Policies and Procedures.
- Perform basic RPMS tasks.
- Describe the Anatomy of a Laboratory test.
- Order Laboratory Tests.
- Accession Laboratory Tests.
- Track Laboratory Tests.
- Result Laboratory Tests.
- Examine and use the Point of Care Button (POC).
- Describe the Reference LIS Interface.
- Generate Patient LIS Reports.
- Populate test taxonomies required for proper data collection in iCare, Diabetes Management System, and GPRA reporting.
- Maintenance of the RPMS Lab Package

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Instructors and Facilitators

Disclosure Statements: All of the faculty for this course have completed the disclosure process and have indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest. Additionally, they have agreed to use generic or multiple trade names when referring to medications and will identify an "off-label" or experimental uses of medication.

- MSC Lab User Support Specialist (Medsphere)
- Janna Morris, MPA, MT(ASCP), OIT EHR Laboratory Informaticist
- Pam Spaeth, MT(ASCP), OIT EHR Laboratory Informaticist
- Jennette Chase-Wilson, MS, MT(ASCP), OIT EHR Laboratory Informaticist

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Detailed Agenda
ALL TIMES ARE MOUNTAIN TIME!

| Week 1 Tuesday 06/19/12 Instructors: Janna Morris (Primary), MSC Lab User Support Specialist, Pam Spaeth and Mollie Ayala | | |
|--|--|--------------|
| 9:00 | Welcome and Introductions Janna Morris & Mollie Ayala At the end of this session participants should be able to: <ul style="list-style-type: none"> • Review the course agenda • Navigate the WebEx sessions • Review how to enroll in class • Ensure Privacy and Security of Personal Health Information (PHI) | Tab 1 |
| 10:15 | Break | |
| 10:30 | Overview of ThinkTank® (cont.) Mollie Ayala At the end of this session participants should be able to: <ul style="list-style-type: none"> • Identify Participant Needs and Expectations • Utilize ThinkTank® for brainstorming and ideas | Tab 2 |
| 11:30 | Lunch | |
| 1:00 | Clinical Lab Test Results Janna Morris At the end of this session participants should be able to: <ul style="list-style-type: none"> • Understand the Objective and the Measure • Compare and Contrast Laboratory Package, Reference Lab Interface, Point of Care lab & PCC Data Entry of Structured Laboratory Data • Generate the RPMS Meaningful Use Performance Report for Clinical Lab Test Results • Analyze the logic for the Meaningful Use Clinical Lab Test Performance Report • Discuss the Unintended Consequences of Entering Laboratory Results into PCC Data Entry in the Electronic Health Record Environment | Tab 3 |
| 1:45 | EHR Overview as it pertains to the Laboratory in the Patient Life Cycle MSC Lab User Support Specialist (David Cole) <ul style="list-style-type: none"> • Examine the Importance of Patient Registration. • Order a Laboratory Tests using EHR to include Reference Lab Tests and POC. • Process Reference Laboratory results and correcting POC results. • Review Laboratory Clinical results in EHR including those on the Lab Tab, Health Summary and the Visit Summary • Review the process for diagnosing, treating and discharging patients based upon completed Laboratory results. • Define Roles and Responsibilities of the Non-Laboratorian RPMS-Lab Manager, coordinator, and end-user. • Examine the interaction between the various users of the RPMS system in the management of Laboratory Data. | Tab 4 |
| 2:15 | Break | |
| 2:30 | EHR Overview (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> • Wrap-up • Instructions for Office Hours | |
| Office Hours Thursday 06/21/12 Instructors: Pam Spaeth (Primary) 9:00 AM – 11:30 AM | | |

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| Week 2 Classroom Tuesday 06/26/12 Instructors: MSC Lab User Support Specialists (David Cole and Joy Holman) | | |
|--|---|--------------|
| 9:00 | Morning Greeting Jennie Chase-Wilson <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Lab Suite Overview MSC Lab User Support Specialist At the end of this session, participants should be able to: <ul style="list-style-type: none"> Examine the role of the Lab Suite in the big picture of Electronic Health Record. Delineate the Lab workflow and interactions with other RPMS modules: <ul style="list-style-type: none"> Discuss the Lab CPT file if using billing - Business Implications. CRS, MU, and DM Clinical Reports. Develop a Contingency Plan. Compare and contrast CLIA, AAAHC, FQHC, RHC, CHC, TJC, CMS, and other regulations as related to Laboratory Policies and Procedures. | Tab 5 |
| 10:15 | Break | |
| 10:30 | Lab Overview (cont.) | |
| 11:30 | Lunch | |
| 1:00 | Basic RPMS Skills MSC Lab User Support Specialist At the end of this session, participants should be able to: <ul style="list-style-type: none"> Execute basic RPMS functions. | Tab 6 |
| 2:15 | Break | |
| 2:30 | Basic RPMS Skills (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> Wrap-up Instructions for Office Hours | |
| Office Hours Thursday 6/28/12 Instructors: Joy Holman (Primary) 9:00 AM – 11:30 AM | | |

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| Week 3 Classroom Tuesday 07/10/12 Instructors: MSC Lab User Support Specialist (David Cole) Janna Morris, Jennie Chase-Wilson and Pam Spaeth | | |
|---|---|---------------|
| 9:00 | Morning Greeting MSC Lab User Support Specialist <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Anatomy of a Lab Test – Terminology MSC Lab User Support Specialist At the end of this session, participants should be able to examine and describe the Anatomy of a Laboratory test: <ul style="list-style-type: none"> Test name vs. synonym vs. print name. Panel vs. single test. Data Name – Format of test results. Lab collection sample, collection sample, and site specimen. Required vs. non-required tests. Site specimen: <ul style="list-style-type: none"> Reference ranges. Critical values. Describe POC Testing. <ul style="list-style-type: none"> Explain importance and use of Package Inserts for POC tests. Define and use Result comments. Define Requesting Provider. Describe Ordering Location. Describe nursing Quick Order for POC testing | Tab 7 |
| 10:15 | Break | |
| 10:30 | Lab Terminology (cont.) | |
| 11:30 | Lunch | |
| 1:00 | Requesting a New Test or Retiring a Test no longer in use Jennie Chase-Wilson At the end of this session, participants should be able to: <ul style="list-style-type: none"> Describe the elements needed to request a new test to be built. Describe where to find the elements that are needed for a new test. Describe where to go to request a new test or retire an old test. Describe how a test is retired. | Tab 08 |
| 2:15 | Break | |
| 2:30 | Requesting & Retiring a Test (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> Wrap-up Instructions for Office Hours | |
| Office Hours Thursday 07/12/12 Instructors: Pam Spaeth (Primary) 9:00 AM – 11:30 AM | | |

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| Week 4 Classroom Tuesday 07/17/12 Instructors: Pam Spaeth (Primary), Janna Morris, and Jennie Chase-Wilson | | |
|---|--|---------------|
| 9:00 | Morning Greeting Pam Spaeth <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Populating Taxonomies Janna Morris At the end of this session, participants should be able to: <ul style="list-style-type: none"> Populate taxonomies. Describe the relationship of taxonomies in iCare, Diabetes Management System, and GPRA reporting. | Tab 9 |
| 10:15 | Break | |
| 10:30 | EHR POC Button Pam Spaeth At the end of this session, participants should be able to: <ul style="list-style-type: none"> Differentiate between Laboratory vs. Nursing/Text Quick Orders. Order and result Laboratory Tests using the POC Button. Enter canned and free text comments. | Tab 10 |
| 11:30 | Lunch | |
| 1:00 | Order Laboratory Tests Pam Spaeth At the end of this session, participants should be able to: <ul style="list-style-type: none"> Order and describe ways to order Laboratory Tests: <ul style="list-style-type: none"> Quick Orders. Without Quick Orders. Paper Requisitions. Describe options for “Nature of Order” (Written, verbal, telephone, policy, electronic): <ul style="list-style-type: none"> Discuss RPMS CPRS CPOE Report. Find and review orders. | Tab 11 |
| 2:15 | Break | |
| 2:30 | Order Laboratory Tests (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> Wrap-up Instructions for Office Hours | |
| Office Hours Thursday 07/19/12 Instructors: Pam Spaeth (Primary) 9:00 AM – 11:30 AM | | |

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| Week 5 Classroom Tuesday 07/24/12 Instructor: Jennie Chase-Wilson (Primary), and David Cole | | |
|--|---|---------------|
| 9:00 | Morning Greeting Jennie Chase-Wilson <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Accession Tests Jennie Chase-Wilson At the end of this session, participants should be able to: <ul style="list-style-type: none"> Accession tests. Discuss printing Labels and/or shipping manifest for Reference LIS Perform Accessioning (exercise). | Tab 12 |
| 10:15 | Break | |
| 10:30 | Accession Tests (cont.) | |
| 11:30 | Lunch | |
| 1:00 | Result Lab Tests David Cole At the end of this session, participants should be able to result a Lab test through utilization of: <ul style="list-style-type: none"> EA (auto-instruments/ref Lab). EM (manual/modify). Result comments. Notification process. The Reference Lab Interface. Describe result entry outcome - the relationship between the Lab Suite and PCC, Diabetes Management System (DM), EHR, Women’s Health (WH), or iCare. | Tab 13 |
| 2:15 | Break | |
| 2:30 | Result Lab Tests (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> Wrap-up Instructions for Office Hours | |
| Office Hours Thursday 07/26/12 Instructors: David Cole (Primary) 9:00 AM – 11:30 AM | | |

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| Week 6 Classroom Tuesday 07/31/12 Instructor: Janna Morris (Primary), MSC Lab User Support Specialist (David Cole), and Jennie Chase-Wilson | | |
|--|--|---------------|
| 9:00 | Morning Greeting Janna Morris <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Tracking Lab Tests & Documentation of Lab Only Visits MSC Lab User Support Specialist At the end of this session, participants should be able to track test status by using the following options: <ul style="list-style-type: none"> Incomplete test list. Order test status. Accession List by Date report. Review by Order Number. Lookup Accession. EHR Orders and Lab tabs. Create a visit. Select a Purpose of Visit (POV). | Tab 14 |
| 10:15 | Break | |
| 10:30 | Tracking Lab Tests & Documentation of Lab Only Visits (cont.) | |
| 11:30 | Lunch | |
| 1:00 | Laboratory Reports Janna Morris At the end of this session, participants should be able to: <ul style="list-style-type: none"> Compare and contrast Laboratory Reports within the EHR Lab tab and Reports tab. Generate a Laboratory Interim Report. Create a Laboratory Health Summary Report. Display EHR Patient Visit. Use EHR Lab tab: <ul style="list-style-type: none"> Most recent. Cumulative. All tests by date. Worksheet. Graph. Lab test Status. Compile Laboratory Test Counts. | Tab 15 |
| 2:15 | Break | |
| 2:30 | Laboratory Reports (cont.) | |
| 3:30 | Adjourn <ul style="list-style-type: none"> Wrap-up Instructions for Office Hours | |
| Office Hours Thursday 08/02/12 Instructors: Janna Morris (Primary) 9:00 AM – 11:30 AM | | |

Resource Patient Management System Electronic Health Record (RPMS-EHR)
 “EHR Laboratory Package for Small Sites without a Laboratory Professional
 7 Week – Live WebEx Course” Training Announcement & Agenda

| Week 7 Classroom Tuesday 08/07/12 Instructors: Janna Morris, Pam Spaeth and Jennie Chase-Wilson | | |
|--|---|---------------|
| 9:00 | Morning Greeting Pam Spaeth <ul style="list-style-type: none"> Review how to enroll in class Ensure Privacy and Security of Personal Health Information (PHI) | |
| 9:15 | Practice Session Janna Morris & Pam Spaeth During this session, participants will access the system and practice. Instructors will be available to answer questions. <ul style="list-style-type: none"> Complete the EHR for Meaningful Use Scavenger Hunt | Tab 16 |
| 10:15 | Break | |
| 10:30 | Practice Session (cont.) | |
| 11:30 | Lunch | |
| 1:00 | Maintenance of the RPMS Lab Package Jennie Chase-Wilson During this session, participants will access the RPMS LIS and practice. Instructors will be available to answer questions. <ul style="list-style-type: none"> Review list of Taskman jobs Overview and discuss daily, quarterly and annual maintenance | Tab 17 |
| 2:15 | Break | |
| 2:30 | Wrap-up and Evaluation of Training All <ul style="list-style-type: none"> Define the process for obtaining help. Complete Survey Monkey evaluation. | |
| 3:30 | Adjourn | |
| Office Hours Thursday 08/09/12 Instructors: Jennie Chase-Wilson and Pam Spaeth 9:00 AM – 11:30 AM | | |